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D.A.TEAST, A.D.D.L.O.A.TEAST, and persons are required to respond to a polection of information uniters it directions are required to respond to a polection of information uniters it directions.

Substitute for Form PTO-875									A	Application profess a paid OMB control number  Application profess a panting /		
									$\perp \downarrow \downarrow$	1 (1)	8089	
CLAIMS AS FILED - PA (Cotumn 1)				VRT I (Cotumn 2)			SMALL ENTITY		701	GTT SM/s	HER THAN	
BASIC FEE		ABER FILED		· NUMBER EXTRA		╝	RATE	FEE	7			_
(37 CFR 1.16(a)) TOTAL CLAIMS				•				385.	a	RATE	- REE	_
(37 CFR 1.16(c)) Glove 20 =			20 =			7	x:25		→ "		1790	0
NO EPENDENT CI (37 CFR 1.16(b))	AIMS .	minus 3 e		•		$\dashv$	x 100		OR		•	
MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.16(4))						-			OR			
" If the difference in column, I is less than zero, enter "o" in column 2.							+./80.	<del>'</del>	ÖR	+360	)   .	
						-	TOTAL	<u> </u>	OR	TOTAL	. 7	٠.
Inlista	CLAIMS AS A	MENDE	D – PAI	RT II			•			•		
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¥	REMAINING AFTER AMENDMENT		. NU	KBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDITIONAL	] .	RATE .	ADDI- TIONAL	1
CI CIT CITY LINE	1 44	Kints		4	-	<b>4</b>	× 25	FEE	- ;	F	FEE	4
III OFF CFR LINDS	1: 7	Mikita	1-	6	•	1	×=/60	-	OR.	×:50	<del> </del>	-
FRET PRESENTATION OF MATPLE DEPENDENT CLAM GT CFR 1.49(0)							.100	<del> </del>	OR	×200	<del> </del>	4
4-4-06	) /				01	<b>J</b> (	TOTAL		OR	+36D	<u> </u>	ŀ
Unable	(Column 1)	-ony	plet	e ;	(Column 3)	us	ADO'L FEE		OR	ADD'L FEE	ــــــــــــــــــــــــــــــــــــــ	4
0	REMAINING	T	HIGH	ŒST	PRESENT	ï		1	9		<del></del>	1
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The case recold	•	Minus	***	•		lŀ		· ·	OR	×:50		ľ
FREST PRESENTATION OF MULTIPLE DEPENDENT CLASM (27 CFR 1.16(4))							10-	-	OR	× 200		ľ
		· · ·					TOTAL		<b>O</b> R	+.20D	·	I
•		•	•			•	ADOL FEE		OR	ADD'L FEE		ŀ
	(Column 1) CLABAS		(Colu		(Column 3)	-			• •	•		
Total (M CFR List(d)  Independent (M CFR List(d))	REMAINING AFTER AMENDMENT		PREVIO	BER .	PRESENT EXTRA		RATE	ADDI JIONAL PEE		RATE	ADDI- TIONAL	
Total . (2) CET CHR LINE(d) .	•	Minus	**		•.	١,	125	· VCE	: }	26	FEE	
II (M CFR 1.16())		Minus	004	•	•	- [	IDD		OR.	×150-	<del></del>	
FERST PRESENTATION OF MULTIPLE DEPENDENT CLASH (57 CFR 1.16(d))							1180	<del> </del>	OR .	× 2001		
							OTAL DOT FEE		OR	+ : 2/00		
* If the entry in column 1 is less than the arting in column 2, actio "Cdn column 2"  If the "Highest Number Previously Paid For GH-THIS SPACE is less than 20, enter."  If the "Highest Number Previously Paid For GH-THIS SPACE is less than 20, enter."								لبب	OR	ADD'L FEE		
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This objection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burdent, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.